

IME PROVIDER EXAM SITES

(Make additional copies as needed)

IME provider name

IME provider number (if previously assigned)

Page

of

List all sites

where you are available to conduct IME exams under this application

Name of private office/IME firm (circle one)	Telephone # to schedule exams
Exam site address City	Exam site telephone number
Mailing address for sending claims files to you for exams at this site (if different than above)	Exam site FAX number (if any)
City State ZIP+4	

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